



Facility Reported Incident (FRI) Investigations


Cheryl Howlett, MS, BSN, RN
Manager, Federal Survey and Certification Division
State of Michigan
howlett@c@michigan.gov

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Objectives

1. Describe the required elements of an abuse prevention policy
2. Recognize a thorough abuse investigation
3. Describe the LARA Facility Reported Incident Investigation Guide



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F-607 Develop/Implement Abuse/Neglect, etc. Policies

- *§483.12(b) The facility must develop and implement written policies and procedures that:*
- *§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,*
- *§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and*



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F 607 cont.

- *§483.12(b)(3) Include training as required at paragraph §483.95,*
- *§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.
[§483.12(b)(4) will be implemented beginning November 28, 2019 (Phase 3)]*



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F 607 cont.

- *These written policies must include, but are not limited to, the following components:*
- *Screening;*
- *Training;*
- *Prevention;*
- *Identification;*
- *Investigation;*
- *Protection; and*
- *Reporting/response.*



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F-608 Policy and Procedure for reporting crimes

- ***§483.12(b) The facility must develop and implement written policies and procedures that:***
- ***§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act.***



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Michigan Online Reporting System

- Designed to streamline a way for facilities to report to the State Agency
- MI ACTS in operation since 2014
- Was updated to MI-FRI March 2019
- Used for incident and investigation reporting



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Facility Reported Incidents (FRI)

- Link to the LARA Facility Reported Incidents webpage:
 - https://www.michigan.gov/lara/0,4601,7-154-89334_63294_63384_75971---,00.html
- Note: Facilities should always follow any guidance provided by CMS in the State Operations Manual



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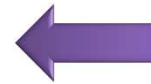
Online Reporting System



MI-ACTS is the state online reporting system for long term care providers (nursing homes, county medical care facilities, and hospital long term care units) to enter Facility Reported Incidents.

- [MiLogin Instructions](#)
- [MI-ACTS Training Manual](#)
- [MI-ACTS Training Videos](#)
- [Long Term Care Provider Portal Authorization Form](#)

For assistance with issues logging (forgot password, account locked) into MiLogin: [MiLogin Help](#)



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MI-FRI Online Reporting

* MI-FRI allows for up to six users



Long Term Care Provider Portal - MI-FRI
LARA - Bureau of Community and Health Systems

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[Home](#)

WELCOME TO MI-FRI: MICHIGAN FACILITY REPORTED INCIDENTS FOR LONG TERM CARE

MI-FRI is the state's online reporting system for federally certified long term care providers to submit federally required facility reported incidents to the state agency.

If you encounter technical issues within the MI-FRI application call 888-324-2647 or email LARA-MDS-OASIS@michigan.gov.

- [MI-FRI Training Manual](#)
- [MI-FRI Authorization Form](#)
- [MI-FRI Corporate User Authorization Form](#)
- [State Operations Manual](#)



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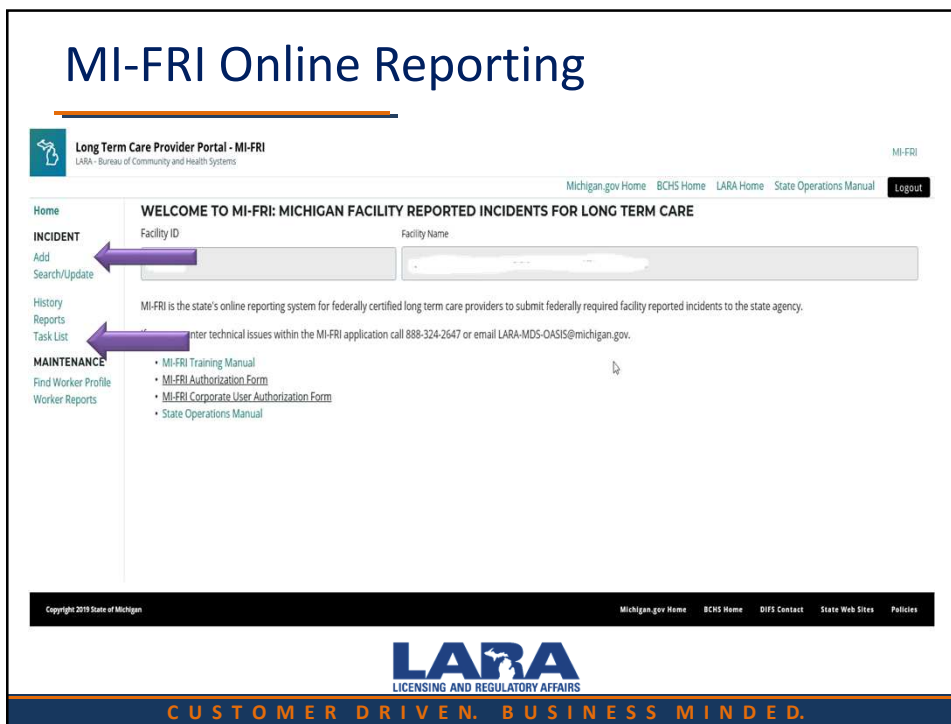
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MI-FRI Online Reporting



Long Term Care Provider Portal - MI-FRI
LARA - Bureau of Community and Health Systems

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Home

INCIDENT

Add

Search/Update

History Reports

Task List

MAINTENANCE

Find Worker Profile

Worker Reports

WELCOME TO MI-FRI: MICHIGAN FACILITY REPORTED INCIDENTS FOR LONG TERM CARE

Facility ID

Facility Name

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- MI-FRI Training Manual
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- State Operations Manual

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LARA
LICENSING AND REGULATORY AFFAIRS

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Components of an incident

- The incident submission should include:
 - Facility information – populated in MI-FRI
 - The name and date of birth and diagnosis of the resident/victim
 - Whether there was harm
 - Information regarding any perpetrator if known
 - If there were witnesses
 - Incident type and if it was a suspected crime

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Components of an incident

- The incident submission should include con't
 - Date and time incident discovered/occurred
 - Incident summary in accordance with the State Operations Manual
 - Detailed steps taken immediately in response to the allegation
 - If law enforcement or other agency notified
 - Any attachments can be added here at this time



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FRI

Michigan.gov

[LARA HOME](#) [CONTACT LARA](#) [ONLINE SERVICES](#) [NEWS](#) [Q SEARCH](#)

DEPARTMENT OF

LICENSING AND REGULATORY AFFAIRS

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Facility Reported Incidents (FRI)

LTC - FACILITY REPORTED INCIDENTS (FRI)

This page is designed to assure that long term care providers are compliant with state and federal requirements to report:

- Physical, mental, or emotional abuse, mistreatment, or harmful neglect of a resident. MCL 333.21771.
- Alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of a resident's property. 42 CFR 483.13(c)(2).

The Bureau has also issued guidance "[LARA Facility Reported Incident Investigation Guide](#)" to clarify what constitutes a thorough investigation.

Please note that during an investigation the provider must prevent further potential abuse while the investigation is in progress. 42 CFR 483.13(c)(3).

[FRI 2 \(two\) HOUR REPORTING FORM](#)

The facility is still responsible for entering all of the incident information into the State of Michigan MIACTs system within the required 24 hours.



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Components of an investigation

- A thorough investigation includes, but is not limited to:
 - Facility information (moved from the incident submission)
 - Date, time, location of occurrence
 - Narrative summary of incident/investigation
 - Describe what occurred, when and where
 - Identify who reported the allegation if known
 - Describe the outcome



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Components of an investigation

- Indicate if the incident was reported to another agency and if so, and any known outcome from that reporting
- Provide and document information obtained in statements/interviews from:
 - The alleged victim or responsible party
 - Witnesses if observed or has knowledge of the alleged incident/injury. Document the date and time.
 - The alleged perpetrator
 - Staff responsible for oversight, supervision or the location where the victim/resident resides



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Components of an investigation

- Document the conclusion of the investigation
 - If available within 5-day timeframe, provide summary information from the investigation related to the incident, such as hospital/medical progress notes/orders and discharge summaries, law enforcement reports, death reports as applicable, the resident's clinical record documentation such as relevant portions of the RAI, the resident's care plan, nurses notes, social services notes, lab reports, x-ray reports, physician or other practitioner reports or reports from other disciplines that are related to the incident.



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Components of an investigation

- Indicate whether the incident was:
 - Substantiated – the allegation was verified by the evidence collected during the investigation
 - Unable to Substantiate – indicate and describe why the allegation was unable to be verified based on the investigation
 - Inconclusive – If it was identified as inconclusive provide documentation on how this was determined



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Components of an investigation

- Include any corrective actions taken
 - Describe any actions taken as a result of the investigation.
 - Describe the plan for oversight and implementation of corrective actions if the allegation is verified
 - Describe what, if any, system changes were identified and needing correction and the steps taken
- Attach copies as desired in the MI FRI portal



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Questions



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**SPECTRUM HEALTH**

Investigations by Facilities

Spectrum Health Rehab and Nursing Center – Fuller Ave.

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**SPECTRUM HEALTH**

Agenda

- Facility Statistics and History
- Performance Improvement Project Completed
- Abuse Policy
- Investigation Process

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Facility Statistics and History

The Facility: 250 licensed bed building in Grand Rapids.

The Patients: Mostly long term care residents. Majority of which are 60 years old or less, male and have a psych diagnosis.

We have had a wide variety of investigations being completed.

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Performance Improvement Project Work

Problem: We had various versions of investigations being completed while lacking a standard within the facility. The FRIs were occurring at a rapid pace and were taking a large amount of staff time to complete. FRIs were resulting in frequent surveys.

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Abuse Policy and Procedure

F607

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,

§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and

§483.12(b)(3) Include training as required at paragraph §483.95,

*§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.
[§483.12(b)(4) will be implemented beginning November 28, 2019 (Phase 3)]*

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Abuse Policy and Procedure

- 1) Purpose – proper screening, training, prevention, etc
- 2) Responsibilities – staff responsible for screening, etc.
- 3) Definitions – abuse, abuse coordinator, criminal sexual abuse, exploitation, law enforcement, reasonable suspicion of a crime, retaliation, and serious bodily injury.

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Abuse Policy and Procedure

4) Policy

- a) Screening employees, residents and patients
- b) Training
- c) Prevention
- d) Identification
- e) Reporting/Response
- f) Investigation
- g) Protection of residents/patients during the investigation

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Investigation Process

- 1) Secure the Patient/Resident(s)
 - Separate residents
 - Evaluate environmental factors
- 2) Remove the alleged perpetrator and interview them
 - Notify HR and staffing
- 3) Call the Administrator
 - Use SBAR format

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Investigation Process

- 4) Submit the 2 hour report
 - Take a screen shot as proof of submission
- 5) Notify law enforcement, if applicable
- 6) Review patient evaluation
 - Clinical note is entered when applicable for a skin and/or pain evaluation
 - Consider if future evaluations are needed

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Investigation Process

- 7) Conduct interviews
 - Including the affected resident(s), witnesses (anyone who saw or heard it), anyone with first-hand knowledge, resident's assigned nurse and/or CNA, and sample residents.
- 8) Notify med staff if needed
 - Obtain orders for treatment if needed.

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Investigation Process

- 9) Notify guardian/family, if appropriate
- 10) Fill out an incident report for each involved resident
- 11) Enter a clinical note for each involved resident
 - Detail the event / allegation.
 - Include mention of notifications made to Administrator, med staff, guardian, law enforcement and social work as needed.
- 12) Complete the Event Summary & Investigation Worksheet
 - This is our worksheet that collects all the information related to the event and is submitted as part of the final investigation.

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Investigation Process

- 13) Submit the 24 hour report
- 14) Make a FRI folder
 - 
- 15) Fill out a FRI tracking lane on facility whiteboard

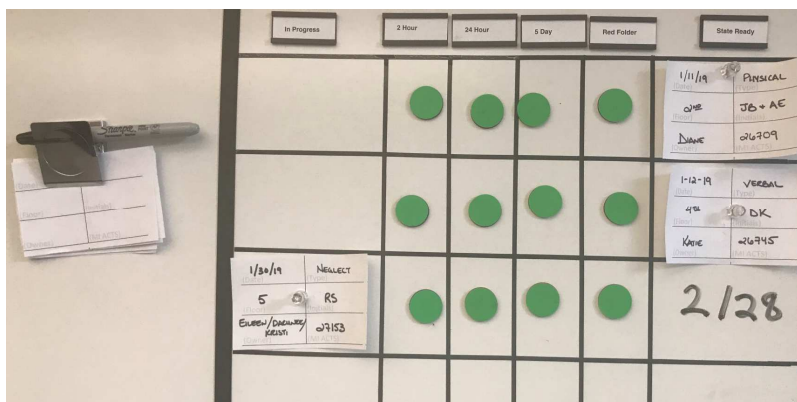
(Date)	(Type)
(Floor)	(Initials)
(Owner)	(MI ACTS)

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Daily Touch base

Daily leadership “stand-up” meeting includes a review of current and pending FRIs.



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Investigation Process

- 16) Complete the 5 day investigation
- 17) Final review of FRI before submission
- 18) Submit final investigation report
 - The final Event Summary Worksheet is saved and submitted with all applicable attachments.
- 19) Add follow-up to the incident report
- 20) Update FRI ticket tracker


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SPECTRUM HEALTH

Event Summary Worksheet



SPECTRUM HEALTH

Event Summary and Investigation Worksheet

1. Alleged Incident

a. Type of Incident (2hr report):

☐ Abuse
 ☐ Neglect
 ☐ Exploitation/Misappropriation

Type of Incident (for 24hr report):

<input type="checkbox"/> Verbal	<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual
<input type="checkbox"/> Fall	<input type="checkbox"/> Elopement	<input type="checkbox"/> CPR
<input type="checkbox"/> Medication Error	<input type="checkbox"/> Blood Sugar Control	<input type="checkbox"/> Coagulation (PT/INR)
<input type="checkbox"/> Respiratory Distress	<input type="checkbox"/> Injury of Unknown Origin	<input type="checkbox"/> Suspicious Death
<input type="checkbox"/> Misappropriation of Property	<input type="checkbox"/> Missing money	<input type="checkbox"/> Other:

b. Describe what allegedly occurred:

c. Where and when did the alleged incident occur? See below

Date the Incident Occurred (not required): [Click here to enter a date.](#)

Time the Incident Occurred (not required):


Date Alleged Incident was Discovered/Reported: [Click here to enter a date.](#)

Time Alleged Incident was Discovered/Reported:

Where Alleged Incident Occurred:

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SPECTRUM HEALTH

Event Summary Worksheet

d. Who is the Alleged Victim (Resident Name):

Interviewed Resident: ☐ Yes ☐ No – Resident un-interviewable

DOB:

Gender: ☐ Male ☐ Female

Medical History/Diagnosis:

BIMS Score:

Cognitive Status of Resident 1:

☐ A/O x 1
 ☐ A/O x 2
 ☐ A/O x 3
 ☐ A/O x 4

☐ Developmentally Disabled
 ☐ Comatose
 ☐ Confused
 ☐ Unknown
 ☐ Other

Is Resident his/her own legal representative: ☐ Yes ☐ No

Ambulatory Status of Resident/Patient 1:

☐ Bedfast
 ☐ Dependent/Assist
 ☐ Independent
 ☐ Supervised

☐ Unknown
 ☐ Wheelchair

Resident's Activity at time of Incident:

☐ Ambulating
 ☐ Crowded Area
 ☐ Lying in Bed
 ☐ Getting out of bed

☐ Getting up from chair
 ☐ Reaching
 ☐ Standing/Sitting Still


☐ Toileting
 ☐ Transfer/Assist
 ☐ Unknown
 ☐ Other:

Resident's Current Location:

☐ Facility
 ☐ Home
 ☐ Hospital
 ☐ Other

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SPECTRUM HEALTH 

Event Summary Worksheet

e. Alleged Perpetrator OR ☐ N/A

Alleged Perpetrator Name or Description if unknown:

Interviewed Alleged Perpetrator: ☐ Yes ☐ No - un-interviewable ☐ No - N/A

Perpetrator is:

☐ Visitor:

Relationship to Patient:

Contact Information:

☐ Staff:

Position/Title:

Spectrum Health Employee: ☐ Yes ☐ No, Agency:

Removed From Duty: ☐ Yes ☐ No

IF yes, Date & Time Removed:

☐ Other:


☐ Resident

DOB:

Medical History/Diagnosis:

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SPECTRUM HEALTH 

Event Summary Worksheet

BIMS Score:

Cognitive Status:

☐ A/O x 1 ☐ A/O x 2 ☐ A/O x 3 ☐ Developmentally Disabled

☐ Comatose ☐ Confused ☐ Unknown ☐ Other

Ambulatory Status:

☐ Bedfast ☐ Dependent/Assist ☐ Independent ☐ Supervised

☐ Unknown ☐ Wheelchair

Physical Injury/Harm:

☐ Yes ☐ No

If Yes:

☐ Reddened Area ☐ Bruise/Hematoma ☐ Laceration

☐ Strain/Sprain ☐ Dislocation ☐ Fracture

☐ Burn ☐ Infection ☐ Confinement

☐ Decline in Condition ☐ Death ☐ Other:

Skin Assessment Performed:

☐ Yes (See attached Skin Assessment Form) ☐ N/A

Pain Assessment Performed:

☐ Yes (See attached Pain Assessment Form) ☐ N/A

Psychosocial Change:

☐ Yes ☐ No


If Yes:

Describe Psychosocial Changes:

Describe Psychosocial Treatment:

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SPECTRUM HEALTH 

Event Summary Worksheet

f. Were there any witnesses: ☐ Yes ☐ No
 What did the witness(es) statement(s) reveal: See #6 and attachments

2. Assess the resident for injury and/or psychosocial change

a. Physical Injury/Harm:
☐ Yes ☐ No
 If Yes:

<input type="checkbox"/> Reddened Area	<input type="checkbox"/> Bruise/Hematoma	<input type="checkbox"/> Laceration
<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture
<input type="checkbox"/> Burn	<input type="checkbox"/> Infection	<input type="checkbox"/> Confinement
<input type="checkbox"/> Decline in Condition	<input type="checkbox"/> Death	<input type="checkbox"/> Other:

Skin Assessment Performed:
☐ Yes (See attached Skin Assessment Form) ☐ N/A

Pain Assessment Performed:
☐ Yes (See attached Pain Assessment Form) ☐ N/A


b. Psychosocial Change:
☐ Yes ☐ No
 If Yes:
 Describe Psychosocial Changes:
 Describe Psychosocial Treatment:

c. Med staff notified. See #4 & 5 below

3. Describe any action taken by the facility to protect the resident(s) and to prevent a possible reoccurrence during the investigation:

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SPECTRUM HEALTH 

Event Summary Worksheet

4. & 5. Notifications made & documented in clinical note:

	YES	N/A	Date	Time
Administrator	<input type="checkbox"/>		Click here to enter a date.	
Med Staff (Resident 1)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.	
Med Staff (Resident 2)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.	
Family/Guardian (Resident 1)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.	
Family/Guardian (Resident 2)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.	
Law Enforcement (GRPD)	<input type="checkbox"/>		Click here to enter a date.	

Name of Law Enforcement Organization: GRPD
Officer Name & Badge # (if available):
Report # (if available):

Facility Incident Report (ERS) #:
 IF Resident to Resident Incident, 2nd Facility Incident Report (ERS) #:

Check one of the two below options and complete the section:

☐ Event was determined NOT to be a reportable event
 Why:

☐ Event was determined to be a reportable event
 If yes, proceed on to further investigative process.

MI ACTS #:

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Event Summary Worksheet

6. Provide details from potential witnesses to the alleged incident – Interview Staff & Witnesses

Interviewed:

- Staff in direct care of resident(s) at time of alleged incident.
- Staff providing care 24 hours prior to alleged incident that may have seen or heard anything.
- Witness(es) in same room/immediate vicinity of alleged incident.

Name	Staff (Position/Title)	Resident	Other (Describe)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Yes N/A

- ☐ ☐ Attached - Staff assignment schedule(s) for date/time of the alleged incident.
- ☐ ☐ Attached - Interviews conducted.

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Event Summary Worksheet

7. Interview and/or obtain statement from affected resident(s).


Resident Name(s)

Yes N/A

- ☐ ☐ Attached - Interview/Statement from affected resident(s)
- ☐ ☐ Attached - Resident facility Face Sheet
- ☐ ☐ Attached - Care Plan of resident(s)
- ☐ ☐ Attached - RST (old & revised with changes highlighted)
- ☐ ☐ Attached - Clinical note of Care Plan & RST review/change
- ☐ ☐ Attached - Current MDS
- ☐ ☐ Attached - Current Medication list
- ☐ ☐ Attached - Current Treatment list
- ☐ ☐ Attached - Pertinent Med Staff progress notes
- ☐ ☐ Attached - Pertinent Clinical notes
- ☐ ☐ Attached - Nurse Supervisor/Manager Follow-Up note
- ☐ ☐ Attached - Pertinent MSW notes
- ☐ ☐ Attached - Psychological/cognitive/psychosocial evaluations or testing
- ☐ ☐ Attached - Emergency Department Report

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SPECTRUM HEALTH

Event Summary Worksheet


8. Interview and/or obtain statement from alleged perpetrator, if known.

Alleged Perpetrator Name(s)	

☐ Yes ☐ N/A Attached - Interview/statement from alleged perpetrator

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SPECTRUM HEALTH

Event Summary Worksheet

9. Review information about the alleged perpetrator(s) which may be known to the facility.
(This can be an employee, visitor, or other resident, etc. Interview other individuals to gain knowledge of their experiences with the accused person. Consider past education and training provided by the facility.)

☐ **IF Resident:**

Alleged Perpetrator Name(s)	


Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Resident facility Face Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Care Plan of resident(s)
<input type="checkbox"/>	<input type="checkbox"/>	Attached - RST (old & revised with changes highlighted)
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Clinical note of Care Plan & RST review/change
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Current MDS
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Current Medication list
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Current Treatment list
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Pertinent Med Staff progress notes
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Pertinent Clinical notes
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Nurse Supervisor/Manager Follow-Up note
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Pertinent MSW notes
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Psychological/cognitive/psychosocial evaluations or testing
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Interview/Statement from affected resident(s)
<input type="checkbox"/>	<input type="checkbox"/>	Attached - Emergency Department Report

☐ **IF Staff or Other:**

Summary of Knowledge/experiences/information on alleged perpetrator:

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SPECTRUM HEALTH

Event Summary Worksheet

10. Review of environment and surroundings.
(Pertinent information regarding physical setting/environment/surroundings of alleged incident)

11. Does the allegation involve potential abuse: ☐ Yes ☐ No
 IF YES, document what kind of evaluation, intervention, and/or treatment was provided.


12. Does the allegation involve potential neglect: ☐ Yes ☐ No
 IF YES, identify the staff member(s), the length of time involved, and negative outcomes of the affected resident. Be specific.

13. Does the allegation involve potential exploitation/misappropriation: ☐ Yes ☐ No
 IF YES,
 Yes N/A
☐ ☐ Attached – Inventory Checklist
☐ ☐ Attached – Resident Trust Account Statement

IF Yes, Clearly identify the items and their approximate value. Obtain copies of bills, charge slips, vendor receipts, etc., if applicable. Consider resident recent locations, such as, external facilities (hospital, transportation, physician office, restaurant, store, etc.). Consider contracted services, such as laundry services, agency staff, etc. Consider history of similar events and outcomes.

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SPECTRUM HEALTH

Event Summary Worksheet

14. Review facility policy and procedures:
(Pertinent to the type of incident being investigated.)

Facility Policy and Procedures(s) and/or Standard of Work(s) Reviewed

Yes N/A
☐ ☐ Attached – Facility Policy and Procedure(s)/Standard of Work

15. Review and evaluate any additional information about the affected resident:
(Admissions, discharges, transfers, leave of absence, room moves, video timeline, diagnoses, medication and treatments, nursing notes or other facility records that may contain information about the incident or is relevant to the incident.)

16. Summary Report of Facility's Conclusion:
(Upon the conclusion of the investigation prepare a summary report of the information gathered and conclusions. The summary should include sufficient detail of the investigation to show the facility conducted a thorough investigation. The outcome of the investigation should state what effect the incident had on the resident. The facility should identify corrective actions (i.e. disciplinary action, in-services for staff, care plans updated, etc.).

Employee Signature: _____

Date Completed: [Click here to enter a date.](#)

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Investigation Step #15 Example

Resident A is a 65 year old female and has been a resident at Spectrum Health Rehab and Nursing Center – Fuller since 11/19/2016. She has not had any recent room changes. Resident A has diagnoses of unspecified intellectual disabilities, unspecified dementia with behavioral disturbance, fetal alcohol syndrome, muscle weakness, chronic kidney disease, unspecified convulsions, anemia, OSA, Hypothyroidism, unspecified psychosis not due to a substance or known physiological condition, acute kidney failure, heart disease, history of UTI, Restlessness and agitation, constipation, insomnia, anxiety disorder and adult failure to thrive. Resident A has the mental capacity of a 6 year old. She has a history of low impulse control and frustration tolerance. Resident typically seeks attention through her negative behaviors such as yelling and/or crying out and will state "someone hit me". These behaviors are care planned. Resident A is followed by Psychology services and Behavioral Care Specialists. Resident A was recently prescribed Levothyroxine 25mcg for hypothyroidism, which could be impacting mood.

Resident B is a 65 year old male and has been a resident at Spectrum Health Rehab and Nursing Center Fuller since 2/2/2012. Resident B has not had any recent room changes. Resident B has diagnoses of chronic pulmonary edema, unspecified intracranial injury, post aspiration for localized swelling, mass and lump of the trunk, respiratory failure, iodine deficiency related diffuse goiter, Type 2 diabetes, COPD, anemia, other schizophrenia, hyperlipidemia, GERD, constipation, hypomagnesemia, HTN, cataract unspecified eye. Resident B at times displays behavioral disturbances and agitation with verbal outbursts, threatening gestures, and refusal to cooperate with care plan. He also has a history of verbal arguments with other residents. Resident B at times displays inappropriate emotional regulation and has low impulse control and frustration tolerance. These behaviors are care planned. Resident B has not had any recent medication changes.

Interviews with both residents and staff, suggest an interaction did occur between Resident A and Resident B while they were attempting to enter the tv lounge at the same time. According to a witness, some yelling was heard in the hallway. However, there were no witnesses to any physical contact between the two residents with the exception of Resident B being seen moving Resident A's wheelchair out of the way. Physical assessments of both residents noted no evidence of any physical contact. Also follow up visits found both residents appearing to remain at baseline with no adverse effects and both confirmed feeling safe in the facility.

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Investigation Step #16 Example

The investigation determined the allegation was not substantiated. A decisive conclusion was made the event was NOT the result of abuse, neglect, mistreatment or misappropriation. This incident was not witness by any staff member and each resident is alleging the other resident hit them. There was no injury noted to either resident.


The facility took the following steps to investigate the event:

- Interviewed Resident A
- Assessed Resident A for injury
- Interviewed Resident B
- Assessed Resident B for injury
- Reviewed the clinical record including lab work, treatments and medication regimen
- Interviewed appropriate staff.

The facility determined the contributive factors to the allegation were Resident A's developmental delay, low impulse control and frustration tolerance, short term memory of about 2-3 minutes, and mental capacity of a 6 year old which often results in challenging interactions between herself and other residents which continue to be addressed in her care plan and RST. Other contributive factors to the allegation are Resident B's low impulse control and frustration tolerance when it comes to interacting with residents and staff, which is also care planned.

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Any Questions?

Cheryl Howlett, LTC Division Survey Manager
howlettc@michigan.gov

Amy Sells, Administrator
amy.sells@spectrumhealth.org

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